ROLLING MEADOWS NURSING/REHABILITATION

1155 SOUTH MILITARY ROAD

FOND DU LAC 54937 Phone: (920) 929-3585 Ownership: Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level Operate in Conjunction with Hospital? No Operate in Conformal Number of Beds Set Up and Staffed (12/31/01): 121 Title 18 (Meditation Number of Residents on 12/31/01: 153 Title 19 (Meditation Number of Residents on 12/31/01: 95 Average Daily

Ownership: County
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 94

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/01)	%			
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	34. 7
Supp. Home Care-Personal Care	No					1 - 4 Years	42. 1
Supp. Home Care-Household Services	No	Developmental Disabilities	2. 1	Under 65	9. 5	More Than 4 Years	23. 2
Day Services	No	Mental Illness (Org./Psy)	40.0	65 - 74	13. 7		
Respite Care	Yes	Mental Illness (Other)	12. 6	75 - 84	32.6		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	35. 8	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	4. 2	95 & 0ver	8. 4	Full-Time Equivalen	t
Congregate Meals	No	Cancer	0. 0	ĺ	ĺ	Nursing Staff per 100 Res	si dents
Home Delivered Meals	No	Fractures	0. 0	İ	100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	7.4	65 & 0ver	90. 5		
Transportati on	No	Cerebrovascul ar	6. 3	'		RNs	13. 2
Referral Service	No	Di abetes	3. 2	Sex	%	LPNs	12. 2
Other Services	Yes	Respiratory	0. 0		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	24. 2	Male	37. 9	Aides, & Orderlies	49. 4
Mentally Ill	No			Femal e	62. 1		
Provi de Day Programming for			100. 0		i		
Developmentally Disabled	No				100. 0		
************	****	***********	******	***********	******	**********	******

Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther			Pri vate Pay	;		Family Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	6	100.0	297	54	88. 5	102	1	100. 0	102	18	94. 7	149	7	87. 5	102	0	0.0	0	86	90. 5
Intermedi ate				7	11. 5	85	0	0.0	0	1	5. 3	149	1	12. 5	85	0	0.0	0	9	9. 5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		61	100. 0		1	100. 0		19	100.0		8	100. 0		0	0.0		95	100. 0

ROLLING MEADOWS NURSING/REHABILITATION

***********	*****	********	*********	*****	*****	**********	*****
Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti	ons, Services,	and Activities as of 12/3	31/01
Deaths During Reporting Period		`					
8 1 8		ľ		9/	Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	istance of	% Totally 1	Number of
Private Home/No Home Health	31. 5	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent I	Resi dents
Private Home/With Home Health	6. 5	Bathi ng	3. 2		70. 5	26. 3	95
Other Nursing Homes	0.8	Dressi ng	17. 9		61. 1	21. 1	95
Acute Care Hospitals	55. 6	Transferring	26. 3		51. 6	22. 1	95
Psych. HospMR/DD Facilities	0.0	Toilet Use	20. 0		57. 9	22. 1	95
Reĥabilitation Hospitals	0.0	Eating	71. 6		11. 6	16. 8	95
Other Locations	5.6	***************	**********	******	******	********	******
Total Number of Admissions	124	Continence		%	Special Treat	ments	%
Percent Discharges To:		Indwelling Or Externa	l Catheter	10. 5	Receiving F	Respi ratory Care	2. 1
Private Home/No Home Health	36.8	Occ/Freq. Incontinent	of Bladder	54 . 7	Recei vi ng T	Tracheostomy Care	0. 0
Private Home/With Home Health	14. 4	Occ/Freq. Incontinent	of Bowel	35.8	Receiving S	Sucti oni ng	0. 0
Other Nursing Homes	4. 0	_			Recei vi ng (Ostomy Care	3. 2
Acute Care Hospitals	4. 0	Mobility			Recei vi ng T	Tube Feedi ng	3. 2
Psych. HospMR/DD Facilities	2. 4	Physically Restrained		6. 3	Recei vi ng M	Mechanically Altered Diets	37. 9
Rehabilitation Hospitals	0.0						
Other Locations	7. 2	Skin Care			Other Resider	nt Characteristics	
Deaths	31. 2	With Pressure Sores		3. 2		ce Directives	100. 0
Total Number of Discharges		With Rashes		2. 1	Medi cati ons		
(Including Deaths)	125				Receiving F	Psychoactive Drugs	43. 2

	Ownershi p:			Bed	Si ze:	Li c	ensure:				
	Thi s	Gov	ernment	100	- 199	Ski	lled	Al I	l		
	Facility	ility Peer Group		Peer	Group	Peer Group		Facilities			
	%	%	Ratio	%	Ratio	%	Ratio	%	Rati o		
Occupancy Rate: Average Daily Census/Licensed Beds	60. 7	84. 8	0. 72	84. 1	0. 72	85. 8	0. 71	84. 6	0. 72		
Current Residents from In-County	86. 3	58. 7	1. 47	79. 3	1. 09	69. 4	1. 24	77. 0	1. 12		
Admissions from In-County, Still Residing	23. 4	27. 8	0. 84	25. 5	0. 92	23. 1	1. 01	20. 8	1. 12		
Admissions/Average Daily Census	131. 9	58. 7	2. 25	110. 2	1. 20	105. 6	1. 25	128. 9	1. 02		
Discharges/Average Daily Census	133. 0	61.8	2. 15	110. 6	1. 20	105. 9	1. 26	130. 0	1. 02		
Discharges To Private Residence/Average Daily Census	68 . 1	18. 7	3.65	41. 2	1. 65	38. 5	1. 77	52. 8	1. 29		
Residents Receiving Skilled Care	90. 5	84. 8	1. 07	93. 8	0. 97	89. 9	1. 01	85. 3	1.06		
Residents Aged 65 and Older	90. 5	87. 6	1.03	94. 1	0. 96	93. 3	0. 97	87. 5	1. 03		
Title 19 (Medicaid) Funded Residents	64. 2	79.8	0.80	66. 9	0. 96	69. 9	0. 92	68. 7	0. 93		
Private Pay Funded Residents	20. 0	16. 3	1. 23	23. 1	0.86	22. 2	0. 90	22. 0	0. 91		
Developmentally Disabled Residents	2. 1	0.8	2.64	0.6	3. 27	0.8	2.81	7. 6	0. 28		
Mentally Ill Residents	52. 6	50. 0	1. 05	38. 7	1. 36	38. 5	1.37	33. 8	1. 56		
General Medical Service Residents	24. 2	17.8	1. 36	21.8	1. 11	21. 2	1. 14	19. 4	1. 25		
Impaired ADL (Mean)	47. 4	43.4	1.09	48. 4	0. 98	46. 4	1. 02	49. 3	0. 96		
Psychological Problems	43. 2	61.6	0. 70	51. 9	0.83	52. 6	0.82	51. 9	0. 83		
Nursing Care Required (Mean)	6. 4	8.4	0. 76	7. 5	0. 86	7.4	0.87	7. 3	0. 88		